

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE
Agent Licensing Division
P. O. Box 517, Frankfort, KY 40602
<http://doi.ppr.ky.gov/kentucky/>

RECORD CORRECTION FORM

Each licensee is responsible for notifying the Department of Insurance of changes in address and/or name within 30 days

CHANGE OF ADDRESS - Please note, if changing the city or state the Department will issue, without charge, a replacement license certificate containing the new address [KRS 304.9-140(3)]. You must return your original issued license with this form and a current certification letter from the new state of residence [KRS 304.9-200(1)]. License must be conspicuously displayed in each of the places of business in Kentucky [KRS 304.9-390(2)].

You are required to notify the Department of Insurance within 30 days, in writing, every time you change your business or residence address, by KRS 304.2-120(4) and 304.9-200(2). Furthermore, KRS 304.99-020 permits the Department to levy an administrative penalty of up to One Thousand Dollars (\$1,000) or Two Thousand Dollars (\$2,000) depending on your license, per violation, for failure to do so.

FULL NAME: _____ SSN or FEIN: _____ Date of Birth: _____

Correct SSN _____ Correct Date of Birth _____

() **New Home Address:** _____ Phone: _____

City _____ County _____ State _____ ZIP _____

() **New Business Address:** _____ Phone: _____

City _____ County _____ State _____ ZIP _____

() **New Mailing Address:** _____ Phone: _____

City _____ County _____ State _____ ZIP _____

() E-mail address _____

CHANGE OF NAME - The Department will issue at no charge, a replacement license [KRS 304.9-140(3)]. You must return your original issued license with additional documentation indicated below, and this completed form [KRS 304.9-200(2)].

NAME as it appears on our records: _____ SSN or FEIN: _____

NEW NAME: _____

- Reason:
- () a. Marriage (*Attach copy of Marriage Certificate*)
 - () b. Divorce
 - () c. Court Proceedings (*Attach copy of Court Order*)
 - () d. Amendment of Articles of Incorporation (*Attach copy of approved Amendment*)
 - () e. Amendment of Partnership Agreement (*Attach supporting Documents*)

I understand, and hereby attest under penalty of perjury, that all the above information is true and correct. I am aware that submitting false information is grounds for license revocation, and may subject me to civil or criminal penalties.

Signature

Date